No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26655

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6447

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary 1536 Papin St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks. 3 days (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County St. Clair
(c) City or town East St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1943 Russell (If rural, give location.)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Allen Reeder
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Idell Reeder
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Mar. (Month) 12, (Day) 1909 (Year)
8. AGE: Years 32 Months 4 Days 25 If less than one day ... hr. ... min.
9. Birthplace Alabama (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Ben Allen
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ~~Ellen Allen~~ Matthews
15. Birthplace Unk. (City, town, or county) Alabama (State or foreign country)
16. (a) Informant Adell Reeder
(b) Address 1943 Russell ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Booker Washington
18. (a) Signature of funeral director English Und. Co
(b) Address 2931 Lucas ave
19. (a) AUG -7 1941 (Date received local registrar) (b) J. H. Fredrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 5th day 5th year 1941 hour 7 o'clock minute a. M.
21. I hereby certify that I attended the deceased from July 22, 1941 to Aug 5, 1941; that I last saw her alive on Aug 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute generalized (peritonitis) — Duration 5

Due to Rupture Tubo-ovarian abscess 1

Due to

Other conditions (Include pregnancy within 3 months of death) 139a

Major findings: Of operations 139b

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Means of injury
23. Signature D. Earle Williams (M. D. or other) MD
Address Lugor Dee Date signed 8/6/1941

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed. Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, O

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2
-9-4-41
5-17-39
X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4655

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6447

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Allen Reeder
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business SUPPLEMENTARY

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Mar. 5 1942 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 d
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Ruptured tubo-ovarian abscess following septic	
Due to Thrombo-phlebitis	
Other conditions Broncho-pneumonia (Include pregnancy within 3 months of death)	
Major findings: Of operations (No pregnancy).	
Of autopsy 1390	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.